



TO: Manager

Social Security Administration

1101 West Chester Pike

West Chester, PA 19382

Employment Verification Form

Section 1: To be completed by the Student's Employer (Please Print)

Student's Name as stated in the Passport: _____

Student's University ID Number: _____

Place of Employment: _____

Employment Identification Number (EIN): _____

For employers other than West Chester University

Employment Identification Number for West Chester University: 232417773

Nature of Student's Job: _____

(Such as library aide, research assistant, food preparer)

Employment Start Date: _____ Number of hours per week: _____

As the student's employer, I verify that the above stated employment information is accurate.

Printed Name, Employer Signature Date (mm/dd/yyyy)

Position Title Office Telephone Number Email Address

Employers may wish to reference SSA's fact sheet, [Employer Responsibilities When Hiring Foreign Workers](#).

Section 2: To be completed by the Center for International Programs

I verify that the above named student is enrolled as a full time student at West Chester University.

Printed Name, DSO Signature, DSO Date (mm/dd/yyyy)

Center for International Programs ~ Mitchell Hall ~ 675 S. Church Street ~ West Chester, PA 19383

Phone: 610-436-3515 ~ Fax: 610-436-3426 ~ Email: international@wcupa.edu

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